

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Graham

Signature of Treasurer

Meredith Graham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		56707.96
(b) Cash on Hand at Beginning of Reporting Period.....	89229.87	
(c) Total Receipts (from Line 19)	5992.00	72913.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95221.87	129621.08
7. Total Disbursements (from Line 31)	31929.45	66328.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63292.42	63292.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5992.00

72750.80

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5992.00

72750.80

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5992.00

72750.80

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

162.32

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5992.00

72913.12

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

5992.00

72913.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5929.45	22278.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5929.45	22278.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	44000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31929.45	66328.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31929.45	66328.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5992.00	72750.80
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5992.00	72700.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5929.45	22278.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	162.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5929.45	22116.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebecca Bagley

Mailing Address 111 Essex Dr.

City
Winterville

State Zip Code
NC 28590

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Carolina University

Occupation
Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI.6605

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Vera Jo Bahry

Mailing Address 1026 Watervale Road

City
Arcadia

State Zip Code
MI 49613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 22 / 2012

Transaction ID : SA11AI.6610

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lone Bissonnette

Mailing Address 199 Coolidge Ave.
#115

City
Watertown

State Zip Code
MA 02472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Vanguard Medical Associates

Occupation
Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.6597

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6605

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6610

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6597

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sharon Bond

Mailing Address 1408 Oaklanding Rd.

City

State

Zip Code

Mt. Pleasant

SC

29464-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical University of South Carolina

CNM Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Heather Bradford

Mailing Address 527 Kirkland Ave

City

State

Zip Code

Kirkland

WA

98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Center for Women's Health

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

116.00

Date of Receipt

09 / 04 / 2012

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. Heather Bradford

Mailing Address 527 Kirkland Ave

City

State

Zip Code

Kirkland

WA

98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Center for Women's Health

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.6613

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6593

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6580

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6613

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elinor Buchbinder

Mailing Address 100 Old Palisade Road
Apt. 2006

City State Zip Code
Fort Lee NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11AI.6614

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Karen B Burgin

Mailing Address 530 Valley Rd.
Apt. 6G

City State Zip Code
Montclair NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Rebecca H Burpo

Mailing Address 5519 Ridgedale Avenue

City State Zip Code
Dallas TX 75206-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2012

Transaction ID : SA11AI.6624

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6614

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6596

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6624

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebecca Choitz

Mailing Address 62 E. Abington Ave.

City

Philadelphia

State

PA

Zip Code

19118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crozer Health Access Network

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09 / 16 / 2012

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christine D. Dombrowski

Mailing Address 186 Middle Ridge

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Health Care of New England

Occupation

Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 13 / 2012

Transaction ID : SA11AI.6601

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Cynthia Dublin-Morin

Mailing Address 444 Brett Dr.

City

Dayton

State

OH

Zip Code

45433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miles Memorial Hospital

Occupation

Nurse Midwife/Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 09 / 2012

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6604

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6601

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6592

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Farley

Mailing Address 313 N. Winter St.

City State Zip Code
 Yellow Springs OH 45387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Adjunct Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : SA11AI.6590

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rebecca Fay

Mailing Address 10 Sacedon Way

City State Zip Code
 Hot Springs Village AR 71909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jennifer Foster

Mailing Address 1745 Vickers Circle

City State Zip Code
 Decatur GA 30030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Assistant Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : SA11AI.6602

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6590

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6572

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6602

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laurie Ann Friedman

Mailing Address 33 Essex St.

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Vanguard Medical Associates

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		01		2012

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Karen Fritz

Mailing Address 26078 W. 220th Ter

City

Sprong Hill

State

KS

Zip Code

66083

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Birth Company

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2012

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Suzanne Gillis

Mailing Address 1046 NE 88th St.

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Midwifery

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		04		2012

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6620

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6595

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6575

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Forester Goodall

Mailing Address 2448 Crane Dr. W.

City
Seattle

State
WA

Zip Code
98199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Women's Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 04 / 2012

Transaction ID : SA11AI.6574

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. S. Laurie Hansen

Mailing Address 763 Cobblecreek Dr.

City
Cedar City

State
UT

Zip Code
84720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Monica E. Harden

Mailing Address 8546 Pine Falls Dr.

City
Houston

State
TX

Zip Code
77095-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.6625

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6574

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6622

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6625

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nancy Hazle

Mailing Address Curtis Center
Suite 950

City Philadelphia State PA Zip Code 19017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn Ob/Gyn and Midwifery

Occupation
Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 03 / 2012

Transaction ID : SA11AI.6573

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lauren Hunter

Mailing Address 6 Ledge Way
Apt. 1

City Ellsworth State ME Zip Code 04605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Coast Memorial Hospital

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 09 / 2012

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. IN Affiliate of ACNM

Mailing Address 1026 S. Main St.

City Bluffton State IN Zip Code 46714

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI.6623

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6573

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6589

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6623

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Marsha E. Jackson

Mailing Address 12400 Martin Rd.

City

Brandywine

State

MD

Zip Code

20613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birth Care and Women's Health

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2012

Transaction ID : SA11AI.6615

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michele Jackson

Mailing Address 7622 66th PL NE

City

Marysville

State

WA

Zip Code

98270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evergreenhealth Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SA11AI.6607

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Fern Blumenfeld Jaffe

Mailing Address 100 Buck Hill Road

City

Easton

State

CT

Zip Code

06612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optimus Healthcare

Occupation

Nurse Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SA11AI.6599

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6615

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6607

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6599

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. R. Rima Jolivet

Mailing Address 71 Kenwood Street

City

Dorchester

State

MA

Zip Code

02124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

09 / 08 / 2012

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Danielle Kraessig

Mailing Address 437 7th Ave

City

La Grange

State

IL

Zip Code

60525

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCC Wellness Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.6609

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Karol Krakauer

Mailing Address 1010 Country Club Rd.

City

Fort Collins

State

CO

Zip Code

80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Clinic

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.6618

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6586

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6609

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6618

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karol Krakauer

Mailing Address 1010 Country Club Rd.

City State Zip Code
 Fort Collins CO 80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Clinic

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11AI.6611

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Anna Lederman

Mailing Address 839 W. End Ave.
 3F

City State Zip Code
 New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Columbia University Student Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2012

Transaction ID : SA11AI.6603

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Kristen Leonard

Mailing Address 294 6th St.

City State Zip Code
 Brooklyn NY 11215-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2012

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6611

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6603

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6577

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather MacLean

Mailing Address 1900 S Woodland

City State Zip Code
Coos Bay OR 97420

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Bend Medical Center

Occupation
Nurse-midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11AI.6584

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Amy Marowitz

Mailing Address 4401 Wheeler Rd

City State Zip Code
Maple City MI 49664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontier Nursing University

Occupation
Midwifery Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : SA11AI.6598

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Esther F. Mast

Mailing Address 28 Orchard Rd.

City State Zip Code
Lancaster PA 17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
OBGYN of Lancaster

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.6579

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6584

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6598

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6579

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kate McHugh

Mailing Address 4707 Windsor Avenue

City
Philadelphia

State Zip Code
PA 19143-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pennsylvania

Occupation

Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SA11AI.6594

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Jeanne Meurer

Mailing Address 3826 Russell Blvd

City
Bridgeton

State Zip Code
MO 63044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2012

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Joanne P. Middleton

Mailing Address 119 Beach 129 St.

City
Belle Harbor

State Zip Code
NY 11694

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6594

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6585

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6600

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lea Minton

Mailing Address PO Box 241

City

Hauula

State

HI

Zip Code

96717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Koolauloa CHAWC

Occupation

CNM,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	9		2	0	1	2		

Transaction ID : SA11AI.6588

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Renata Reich Moise

Mailing Address P.O. Box 53

City

Hancock

State

ME

Zip Code

04640

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2	2	0	1	2		

Transaction ID : SA11AI.6616

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patricia Murphy

Mailing Address 330 South 1200 East

City

Salt Lake City

State

UT

Zip Code

84102

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4	2	0	1	2		

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6588

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6616

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6581

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Nierenberg

Mailing Address 365 Edgewood Ave.

City

Reaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Regional Med. Cen

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2012

Transaction ID : SA11AI.6617

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Cathy Offutt

Mailing Address 13 River RD

City

S Royalston

State

MA

Zip Code

01368

FEC ID number of contributing
federal political committee.

C

Name of Employer

U Mass CMG

Occupation

CNM,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SA11AI.6583

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Kathleen Page

Mailing Address 194 Stock St.

City

Hanover

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain View OBGYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6617

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6583

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6576

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Paterson

Mailing Address 1026 S Main St.

City

Bluffton

State

IN

Zip Code

46714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bluffton Regional Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

Midwife, Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2012

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Catherine Schoenfeld

Mailing Address 811 W 15th Place

Unit 401

City

Chicago

State

IL

Zip Code

60608-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois Chicago

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2012

Transaction ID : SA11AI.6591

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6578

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6587

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6591

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Stephanie Silianoff

Mailing Address 555 Hidden Way

City
Homer

State
AK

Zip Code
99603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mary Skorczeski

Mailing Address 2107 Juno Ave.

City
St Paul

State
MN

Zip Code
55116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Partners

Occupation

CNM,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lindsay Smith

Mailing Address 1525 W. 27th St.

City
Miami Beach

State
FL

Zip Code
33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6612

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6608

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6626

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jeanie Summerville

Mailing Address 3 Shircliff Way
Suite 200

City State Zip Code
Jacksonville FL 32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Ob Gyn

Occupation

CNM/ARNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2012

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Alice Bannon Taylor

Mailing Address 2788 O HWY 101

City State Zip Code
Gold Beach OR 97444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Curry Health Network

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11AI.6606

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Karen Watt

Mailing Address 1903 Mulberry Ave

City State Zip Code
Mt Pleasant TX 75455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Women's Clinic

Occupation

Staff Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.6582

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6571

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6606

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6582

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Judith Wrzesinski

Mailing Address 5120 Rotary Rd.

City

Cherry Valley

State

IL

Zip Code

61016

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2012

Transaction ID : SA11AI.6619

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

5992.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6619

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PACMailing Address 8403 Colesville Road
Suite 1550

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Administrative Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012**Transaction ID : SB21B.6540**

Amount of Each Disbursement this Period

5835.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2012**Transaction ID : SB21B.6532**

Amount of Each Disbursement this Period

34.50

Full Name (Last, First, Middle Initial)

C. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012**Transaction ID : SB21B.6531**

Amount of Each Disbursement this Period

59.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5929.45

5929.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City	State	Zip Code
MINNEAPOLIS	MN	55458

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB23.6681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City	State	Zip Code
SACRAMENTO	CA	95814

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 18

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB23.6694

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BOB CASEY FOR SENATE INC

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City	State	Zip Code
PHILADELPHIA	PA	19102

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB23.6688

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6683

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Mailing Address 462 CALIFORNIA ROAD

City	State	Zip Code
BRONXVILLE	NY	10708

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 16

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6690

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WY	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6692

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JARED POLIS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Mailing Address P.O. BOX 4572

City	State	Zip Code
BOULDER	CO	80306

Transaction ID : SB23.6671Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 02

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address PO BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Transaction ID : SB23.6628Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 23

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Transaction ID : SB23.6675Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City	State	Zip Code
NEW HAVEN	CT	06511

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CT	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6679

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: IA	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6700

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN KERRY FOR SENATE

Mailing Address PO BOX 6022

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MA	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6698

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : SB23.6696

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City	State	Zip Code
ST PAUL	MN	55104

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : SB23.6536

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NJ	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2012

Transaction ID : SB23.6673

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. PAT ROBERTS FOR CONGRESS

Mailing Address PO BOX 433

City GREAT BEND	State KS	Zip Code 67530
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Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

Transaction ID : SB23.6713

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON	State IL	Zip Code 60204
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Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IL	District: 09

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB23.6711

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
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Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MI	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SB23.6538

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. STEVE COHEN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.6677

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

B. TAMMY BALDWIN FOR SENATE

Date of Disbursement

Transaction ID : SB23.6684

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 2000.00 is written above the 8th tick mark from the left.

C.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

26000.00